

**OFFICE OF THE ATTORNEY GENERAL  
NJ DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF ELECTIONS**

**CERTIFICATION FOR 2004 POLLING PLACE ACCESSIBILITY WAIVER**

We, \_\_\_\_\_, Chairperson and  
\_\_\_\_\_, Secretary, of full age, do hereby certify as

follows:

1. The undersigned are the Chairperson and the Secretary of the \_\_\_\_\_ County Board of Election.
2. We have reviewed the attached 2004 Polling Place Accessibility Waiver Request Form submitted by the Board of Election.
3. On behalf of the Board of Election, the Board staff has surveyed all potential polling places and based upon the staff's report, the Board of Election has determined that there is no alternate accessible polling place available.
4. Based upon the Board's staff report, the Board of Election has determined that the polling place for which it seeks a waiver cannot be made temporarily accessible.

On behalf of the Board of Election, I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, I am subject to punishment.

Dated:

\_\_\_\_\_  
Chairperson of the County Board of Election

Dated:

\_\_\_\_\_  
Secretary of the County Board of Election